U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 11006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	6/ 01 / 04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Louis Micillo	Name GENERAL BULLDING LABINERS LOCAL UNION 66		
	Labor Organization File Number 026-302		
P.O. Box, Bldg., Room No., if any /600	P.O. Box, Building and Room Number, if any P-O_Boy 666 /600		
Street WhitWILLEMAN RD	Street WALLWHITMAN RO		
City MELV-LLC	City Metu-11:		
State W.Y. ZIP Code + 4 1/197	State N - 4. ZIP Code + 4 //747		
5. Position in labor organization. Des Patchen, E-BOARD MOMBER			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
	7.b. Amount.		

Signature

ZIP Code + 4

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and bejief, true, correct, and complete. (See the se	ying docur	nents), has been exa	mined by the signatory and is, to the best of the
Signed Topo Milito	On	8/12/05	631-249-1110
		Date	Telephone Number

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name GENERA LBUILDING LABOREAS Livel 65 TRAINING FULL)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Po-Box 661.

Street WALLWILLIAMAN RD

MELVILLE City

ルヤ State

21P Code +4 //747

9. Business deals with:

a. Labor Organization

h Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

EDUCATION, WILLTON, CONFRONCE + TRUSTER MEETING IN FLOOR ALSO TRUSTER MEETING IN SARATOGA THIS BY TRUINING FUND FOR FOOD, TRAVEL C. Eging 4 tolls

12.b. Amount.

14.a. Nature of payment.

2 996.94

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or to of an employer whose employees your labor organization re (2) any part of which consists of buying from or selling or teading with your labor organization or with a trust in which	easing to, or other epresents or is acti asing directly or inc	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name, if an Name SENEARL Building Laborate Local Unit Trade Name, if any PO Box, Bldg Room No, if any Po. Box 66%; Street WALL Whiteway IRD City Mel Ullic State N-Y. ZIP Code + 4	1860	9. Business deals with:
10. If 9.b. or 9 c is checked give trust or employer's name Name Trade Name, if any P.O. Box, Bldg. Room No. if any Street		11.a. Nature of such dealing 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest he'd or income received CHRISTMAS PARTY FOR OFFICE STAFF AND PROFESSIONAL OF LOCAL CG TRUST FUNDA
		12.b. Amount. 69.72

or from any labor relations consultant	as an one project they pay in			
13 a. Name and address of Employer o (including trade name, if any)	r Labor Relations Consultar	nt	14 a. Nature of payment	
Name				
Trade Name, if any.				
P.O. Box, Bldg , Room No , if any		-		
Street		-		
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	7	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name of any) Name GREATER NEW YORK LABORATION - CAPPlayers Conferential Man expectation Trust Trade Name, if any L.E.C.T PO Box, Bldg. Room No., if any P.O. Pax 1100 Street J66 West 37 Street City NEW YORK State NEW YORK ZIP Sode + 4 10018	9. Business deals with A. Labor Organization b. Trust c Employer
10 If 9 b. or 9 c. is checked give trust or employer's name Name Trade Name, if any P.O. Box, Bldg. Room No. if any	11 a. Nature of such dealing
Street	11.b. Approximate dollar value of such dealing
City State ZIP Code + 4	12.a. Nature of interest held or income received. A LICROBED DIN NEW IN SEPT 64
	12.b. Amount. 56.49
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment
Name	1
Trade Name if any.	:

14 b. Amount of payment

Street

City

State

P.O. Box, Bldg , Room No , if any

13 b. Is the Business an Employer

ZIP Ccde + 4

or Consultant

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organiza	rectly to, or otherwise
8 Name and address of Business (including trade name, if any)	9. Business deals with:
Name Fox ASSET MANAGEMENT Trade Name, if any PO Box, Bidg, Room No, if any 44 Street Sycamore AUC City Little SIIVER State N J. ZIP Code + 4 07735-1242	a Labor Organization b. Trust c Employer
10. If 9.b. or 9 c is checked give trust or employer's name Name General Build Laborics Local 40.00 & PENSION FUN Trade Name, if any: PO Box, Bidg. Room No. if any P.O. Buy 667 /606	11 a Nature of such dealing FOX INDESTMENT MANAGEN'S PENSION FUND.
City Melville	11.b. Approximate dollar value of such dealing 89, 136.00 12.a. Nature of interest he'd or income received PINNER FOR TILUSTEE'S + GUEST SE TRUSTEE'S OF THE PORSION FUND.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	•

13.b. Is the Business an Employer	or Consultant ?	14 b. Amount of payment.
State	ZIP Code + 4	
City		
Street	- · · · · · · · · · · · · · · · · · · ·	·
P.O. Box, Bldg., Room No , if any	• • • • • • • • • • • • • • • • • • •	
Trade Name, if any:		
Name		·
(including trade name, if any)		:

14.a. Nature of payment

13 a. Name and address of Employer or Labor Relations Consultant